

## LOCAL GOVERNMENT CARD MAINTENANCE FORM

(1) TYPE OF CARDHOLDER MAIN  A. Cardholder Information Change			tion Limit Change	
<ul><li>□ A. Cardnoider Information Chang</li><li>□ B. Hierarchy Change</li></ul>	y <del>c</del>	<ul><li>☐ E. Single Transac</li><li>☐ G. Account Closu</li></ul>	-	
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C. MCC/Blocking Change		H. Reopen Accou		
D. Credit Limit Change		I. Real Time Acco		
Reason (Section VI)		Other Changes		
*ACCOUNT CLOSURE PARAMETE				
Program Coordinator must sta	<del>-</del>	. (i.e., resigned, termina	ated, deceased, retired, duplicate acc	
CARDHOLDER INFORMATION (P	Please Print)			
First Name of Cardholder			ne (maximum 25 characters)	
Entity Name (Maximum 25 characters)				
Entity Name (Maximum 25 characters)				
(4)	ossing (Maximum 10 characters) (5) _		i)	
			ity Tax ID # (Maximum 9 characters)	
Statement Billing Mailing Address Line 1 (	Maximum 25 characters)			
(7) Statement Billing Mailing Address Line 2 (I	Maximum 25 characters)			
(8)				
City (9)	State		Zip Code	
Business Phone Number	Home Pho	ne Number	Cell Phone Number	
(10)	(11) Employee ID #		(12) Entity ID (Maximum 9 characters)	
Email Address	Employee ID #	(Maximum 9 characters)	Entity ID (Maximum 9 characters)	
	AUTHORIZATION / REPOR	TING PARAMETERS		
(13)				
New Credit Limit \$	New Single Transaction Limit \$	Accoun	t Restrictions	
*Level Description				
(Level 3)	(Level 4)	(Level 5)	(Level 6) (Level 7)	
Entity ID #	maximum 8 numeric characters- as	ssigned by United Bank		
Add D.Cal Access  Yes  No *See Instructions for completing Leve	•	econciliation	ver	
PROG	RAM COORDINATOR SIGNATU	RE AND TELEPHONE	NUMBER	
(14)				
			Date	
Program Coordinator's Signature				
Program Coordinator's Signature  Program Coordinator's Name (printe	ed)		Date	
Program Coordinator's Name (printe	one Number	Fax		